

Practitioner's Docket No. 700157-48012

*IFW*  
*AF*  
*1642*  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: David E. Fisher

Application No.: 09/229,283

Group No.: 1642

Filed: 1/13/1999

Examiner: UNGAR, Susan

For: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR  
TREATMENT OF MELANOMA

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**EXPEDITED  
RESPONSE UNDER  
37 C.F.R. 1.116**

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that the attached correspondence comprising:

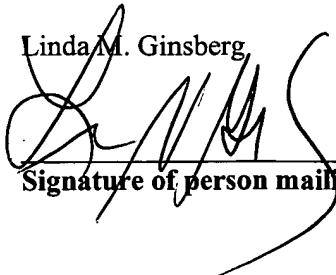
1. Certificate of Mailing (1 pg.);
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3. Amendment Pursuant to C.F.R. 1.116 (7 pp.);
4. Declaration of Dr. Fisher (6 pp.)
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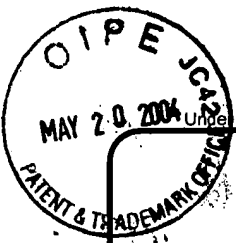
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>Application Number</b>	09/229,283	
	<b>Filing Date</b>	January 13, 1999
	<b>First Named Inventor</b>	David E. Fisher
	<b>Art Unit</b>	1642
	<b>Examiner Name</b>	S. Ungar
<b>Attorney Docket Number</b>	700157-048012	
<b>Total Number of Pages in This Submission</b>		

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Mailing, Check \$55.00, and Return Receipt Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	The Commissioner is authorized to charge the NIXON PEABODY LLP Deposit Account No. 50-0850 for deficiencies associated with this filing.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Ronald I. Eisenstein (Reg. No. 30,628) NIXON PEABODY LLP, 100 Summer Street, Boston, MA 02110
<b>Signature</b>	<i>Ronald I. Eisenstein</i>
<b>Date</b>	May 18, 2004

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